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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration Submitted With Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	DEG-EPTZ
First Named Inventor	Joseph Maria van der Zel
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

STRENGTHENED CERAMIC RESTORATION

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 09/03/2003 as United States Application Number or PCT International

Application Number PCT/NL03/00616 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
02078708.1	EP	09/05/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number: OR ☒ Correspondence address below**Name**

Douglas J. Hura, Esquire, DENTSPLY International Inc.

Address

570 West College Avenue, P.O. Box 872

City

York

State

PA

ZIP

17405-0872

Country

US

Telephone

717-849-4466

Fax

717-849-4360

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventor**Given Name (first and middle [if any])**

Joseph Maria

Family Name or Surname

van der Zel

**Inventor's
Signature****Date****Residence: City**

Hoorn

State**Country**

NL

Citizenship

NL

Mailing AddressCole Porterhof 168
NL-1628 TN**City**

Hoorn

State**ZIP****Country**

NL

NAME OF SECOND INVENTOR:☐ A petition has been filed for this unsigned inventor**Given Name (first and middle [if any])**

Jan

Family Name or Surname

Slor

**Inventor's
Signature****Date****Residence: City**

Nederhorst den Berg

State**Country**

NL

Citizenship

NL

Mailing AddressSlotlaan 5
NL-1394 BK**City**

Nederhorst den Berg

State**ZIP****Country**

NL



Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Theodorus Jacobus		Grinwis	
Inventor's Signature		Date	
Bovenkarspel Residence: City	State	NL Country	NL Citizenship
De Konkel 1 Mailing Address			
NL-1611 JE Mailing Address			
Bovenkarspel City	State	Zip	NL Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname*	
Marcel Andre		de Kler	
Inventor's Signature		Date	
Alkmaar Residence: City	State	NL Country	NL Citizenship
Snaarmanslaan 57 Mailing Address			
NL-1815 SC Mailing Address			
Alkmaar City	State	Zip	NL Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Tsadok		Tsadok Hai	
Inventor's Signature		Date	
Grootebroek Residence: City	State	NL Country	NL Citizenship
Refter 43 Mailing Address			
NL-1613 EP Mailing Address			
Grootebroek City	State	Zip	NL Country

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Peter		Kreuder	
Inventor's Signature		Date	
Bad Nauheim Residence: City	State	DE Country	DE Citizenship
Dunker Str. 3 Mailing Address			
Mailing Address			
Bad Nauheim City	State	61231 Zip	DE Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	Joseph Maria van der Zel
Title	Strengthened Ceramic Restoration
Art Unit	
Examiner Name	
Attorney Docket Number	DEG-EPTZ

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23439

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

23439

OR

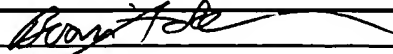
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	March 2, 2005
Name	Brian M. Addison	Telephone	717-849-4363
Title and Company	Vice President, Secretary & General Counsel, DENTSPLY International Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PCT

10/526339

Rec'd PCT/PTO 02 MAR 2005

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):

Joseph Maria van der Zel
Cole Porterhof 168
NL-1628 TN Hoon
NL

hereby appoints (appoint) the following person as: ☒ agent ☐ common representative

Name and address

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

HURA, Douglas J.; SULLIVAN, Daniel W.; BIEBER, James B.; ADDISON, Brian M.; DENTSPLY
International Inc.; 570 West College Avenue, P.O. Box 872, York, PA 17405-0872, US

to represent the undersigned before

- ☒ all the competent International Authorities
☐ the International Searching Authority only
☐ the International Preliminary Examining Authority only

in connection with the international application identified below:

Title of the invention: STRENGTHENED CERAMIC RESTORATION

Applicant's or agent's file reference: DEG-EPTZ

International application number (if already available): PCT/NL03/00616

filed with the following Office United States Patent and Trademark Office as receiving Office
and to make or receive payments on behalf of the undersigned.

Signature of the applicant(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):

Joseph Maria van der Zel

Date: _____

PCT

10/526339

Rec'd PCT/PTO 02 MAR 2005

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) *(Names should be indicated as they appear in the request):*

Jan Slor
Slotlaan 5
NL-1394 BK Nederhorst den Berg
NL

hereby appoints (appoint) the following person as: ☒ agent ☐ common representative

Name and address

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

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(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) *(Names should be indicated as they appear in the request):*

Theodorus Jacobus Grinwis
De Konkel 1
NL-1611 JE Bovenkarspel
NL

hereby appoints (appoint) the following person as: ☒ agent ☐ common representative

Name and address

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

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Theodorus Jacobus Grinwis

Date: _____

POWER OF ATTORNEY

Rec'd PCT/PTO 02 MAR 2005
(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):

Marcel Andre de Kler
Snaarmanslaan 57
NL-1815 SC Alkmaar
NL

hereby appoints (appoint) the following person as: ☒ agent ☐ common representative

Name and address

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

HURA, Douglas J.; SULLIVAN, Daniel W.; BIEBER, James B.; ADDISON, Brian M.; DENTSPLY
International Inc.; 570 West College Avenue, P.O. Box 872, York, PA 17405-0872, US

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Marcel Andre de Kler

Date: _____

PCT

10/526339
Rec'd PCT/PTO 02 MAR 2005

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) *(Names should be indicated as they appear in the request)*:

Tsadok Tsadok Hai
Refter 43
NL-1613 EP Grootebroek
NL

hereby appoints (appoint) the following person as: ☒ agent ☐ common representative

Name and address

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

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International Inc.; 570 West College Avenue, P.O. Box 872, York, PA 17405-0872, US

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Tsadok Tsadok Hai

Date: _____

PCT

10/526339

POWER OF ATTORNEY

Rec'd PCT/PTO 02 MAR 2005
(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):

Peter Kreuder
Dunker Str. 3
Bad Nauheim 61231
DE

hereby appoints (appoint) the following person as: ☒ agent ☐ common representative

Name and address

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

HURA, Douglas J.; SULLIVAN, Daniel W.; BIEBER, James B.; ADDISON, Brian M.; DENTSPLY
International Inc.; 570 West College Avenue, P.O. Box 872, York, PA 17405-0872, US

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Peter Kreuder

Date: _____